STATE OF MARYLAND—	CERTIFICATE OF DEATH 12875
1. PLACE OF DEATH	<u> </u>
County Carroll Licely &	Registration Dist. No.
Village or City Washington My	ND. Band St. War
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME	2 and send st,
(a) Residence: No. Wistamalia had	St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WINDWEN	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (perite tha word)	21. DATE OF DEATH // - 5 2
5a. If married, widowad, or divorcad HUSBAND of	(Month) (Day) (Year)
(or) WiFE of	22. I HEREBY CERTIFY, That I ettended daceesed fro
6. DATE OF BIRTH (month, days of the state of 11 - 22 - 35.	, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; daath is sa to have occurred on the date stated ebove all m
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance
8. Trada profession or particular	were es follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	
9 Industry or business in which	
work wes dona, as SILK MILL, SAW MILL, BANK, etc	27
10 Date daceased last worked at this occupation (month and year)	
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Eggo Wilson When the 14. BIRTHPLACE (city or town). Wishington 40	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Clsa Mandilla Brithart 16. BIRTHPLACE (city or town) Washington Luf	23. If daath wes dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Dete of injury, 19
(Steta er country)	Whera did injury occur?
7. INFORMANT Lyna Debugh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL	Manner of injury
Piaca Organices Data //22 ,1931	Nature of injury
(6 2m firstlend)	
19. UNDERTAKER (Addrass)	24. Wes disease or injury in any way related to occupation of decaased?
1/2 25 4//1/2000	If so, specify 10 () smulti
20. FILED / 19 Registrar.	(Signad)
If more blanks are needed, address State Registrar, 2	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilensy 1 week ago 1915 Arteriosclerosis Chronic interstitial nephritis 1921 Run over by street car 1 week ago 3 days ago Julu 5.1927 Peritonitis Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis 1 year Gallstones May 1,1923

ADDITIONAL CDACE FOR EUDTHED STATEMENTS BY DHYSICIAN

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DIN

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12876

1. PLACE OF DEATH	Mai		lored Branch 23 Projection Dia No 74	
County	3.6 →		Registration Dist. No. 74	
Village or City Henryton,	Mad.		ND. St.,	Ward
Length of residence In city or town where de	eth occurred		ds. How long in U.S. if of foreign birth?	osds.
2. FULL NAME Sarah Le	e Barbe:	r	WAR SERVICE None	8
(a) Residence: Np. Hurry,	St. !ar	ys Co.,	Md St., Ward.	
(a) nestablice. No.	(Usual place o		If nonresident give city or town and	State
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female Color ed	or Divorced Single	(write the word)	21. DATE OF DEATH Nov., 13, 1955 (Month) (Day)	, 193
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That I ettended Aug., 30, 1935 Nov., 13,	
Fe F	b., 18,	1909	Hest sew her elive on Nov., 13, 1935	: deeth is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Devs	If LESS then	to heve occurred on the dete steted above, et 6.30 P. M.	, geeth is said
26 8	26	1 day hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
8 Trade profession or perticular		(OLEESS HIRH.	were as follows: Pulmonary Tuberculosis	June June
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Dome sti	С	-	1935
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	neral Housewo	rek		
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked at this occupation (month and yeer) INLINOWIN	11. Total tin	ne (yeers)		
	UI eculi	OWIL	Other Cuntributory Causes of Importance:	
12. BIRTHPLACE (city or town) Madiso			#	
	land.			
13. NAME Joseph Barbe 14. BIRTHPLACE (city or town) Madis				
(Stete or country) 14. BIRTHPLACE (city or town) Mar	yland.		Neme of operation Date of	, No
			Whet test confirmed diegnosis? Wes there en a	iu opsy?
Cha	ptico,		23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following Accident, suicide, or homicide?	:
16. BIRTHPLACE (city or town) (Stete or country) Mary	land.		Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
John E. O'Ne		D.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e)
I 17. INFURMANT	n, Mary			102.
18. BURIAL, CREMATION, OR REMOVAL Plece Six and Lot Gust	Dete 16	,1933	Menner of injury	
19. UNDERTAKER C. C. C. (Address) Chadder	elih	f	24. Was disease or injury In eny wey releted to occupation of deceased?	No
20. FILED 11/13/35	(6)	Mile	If so, specify (Signed)	CUM. D.
	Local	Registrar.	(Add(ess) Henryton, Md.	
If more bi	lanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

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r.	Example I		Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 4 105-	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PHOPAILY S.	July 5,1927	Peritonitis	3 days ago
6/2			6 14-12-41	
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis (1 year
			b	

V. S. No. 1

N. B.

19. UNOERTAKER

(Address)

1. PLACE OF DEATH County Walled Village or City New where do 2. FULL NAME (a) Residence: No. Belands	eath occurred yrs mo	Struck - Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hereals 4. COLOR OR RACE while	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Fa. If married, widowed, or divorced HUSBAND of (or) WIFE of CLASS 6. DATE OF BIRTH (month, day, and year)	Muhuan.	1 HEREBY CERTIFY. That I attended deceased from 19.5, to 3.19.5 (death is said
7. AGE Years Months	Deys If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at 4. 5. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	uone	arteriosclerosis lucion
work was done, es SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this	- ayacardial Segundon Studies
12. BIRTHPLACE (city or town) (State or country)	Leekeeawn	Other Contributory Causes of importance:
13. NAME RALLICE 14. BIRTHPLACE (city or town)	Reckard	Name of operation
(State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Mukeam -	What test confirmed diagnosis? Wes there an autopsy? West there are an autopsy? West there are a utopsy? West
17. INFORMANT A REAL REAL REAL REAL REAL REAL REAL RE	al Pecalar	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

24. Was disease or injury in any way related to occupation of deceased?

(Address) Ly Curille

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 4 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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CZICZIA	1771	
S S	7	
しばら	111	
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2	7775	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			107	MI
County Carroll			Registration Dist. No.	15
Village or City Sykesvil	Le		No. State Hospital	St., Ward
Length of rasidence In city or town whe	ra death occurred 3	yrs, mos	death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution of the death occurred in a horpital or institution of the death occurred in a horpital or institution of the death occurred in a horpital occurred in a horpital or institution occurred in a horpital occur	street and number)ds.
2. FULL NAME George	Brodie		If U.S. Veteran specify WAR	
(a) Residence: No. Baltim			St., Ward. If nonresident give city o	r town and State
PERSONAL AND STATIS	STICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF D	
3. SEX 4. COLOR OR RACE White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Nov. 16th (Month) (Day	, 193 ⁵
5a. If marriad, widowad, or divorcad HUSBAND of (or) WiFE of			22. I HEREBY CERTIFY, That August 19 35 to Nov.	l ettended deceased from
S. DATE OF BIRTH (month, day, end yeer)	Unknown	1871	I last saw h_1M_ alive on NOV . 16,	
7. AGE Years Months 64	Days —	If LESS then I day,hrs.	to have occurred on the dete stated above, at 10 Pm. II The PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:	tance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Painter		Broncho Pneumonia	Nov.14
kind of work done, as SPINNER, Painter SAWYER, BOOKKEEPER, etc. Painter Industry or business in which work wes done, as STLK MILL, SAW MILL, BANK, etc. 1D. Date dacaased lest workad et this occupation (month end year) 11. Total tima (years) sparlin his O yr			5-•	
2. BIRTHPLACE (city or town) (State or country) Balti	more, Md	•	Dither Contributory Causes of Importance: Arteriosclerosis	
13. NAME John G. Bro	die		ALUGIAODOZOLODIO	
13. NAME John G. Bro 14. BIRTHPLACE (city or town) (State or country)	ermany		Nama of operation	Data of
15. MAIDEN NAME Mary C.	Connor		23. If death wes due to external causes (VIOLENCE) fill in also the	
15. MAIDEN NAME Mary C. 16. BIRTHPLACE (city or town)	eland		Accident, suicide, or homicide? Date of inj Whare did injury occur?	
17.INFORMANT William Mo (Addrass) 101 S. Mona		e.,Irving	(Specify city or town, coursed In INDUSTRY, In HDME, or in Lon, Md.	PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Springfield			Manner of injury	
19. UNDERTAKER Ser OS (Addiass) Segresvil	y due	· · · · · · · · · · · · · · · · · · ·	24. Was disease or injury in any way ralated to occupation of de	ceesed?
20. FILED Mar. 17, 1935' Q	Harry X	Registrar.	(Signad) Address) Address	M. D

N. B.-WRITE

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Example I	I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5, 1927	Peritonitis	3 days ago
(Ta 87 82	4		
Other contributory causes of importance:	10	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
्राच्या विकास करता है। जिल्लाक करता करता करता करता करता करता करता कर	ið		

m ż (Address)

1. PLACE	DE DEATH	F MARYLAND—	CERTIFICATE OF DEATH	(873
County5	arrall,		Registration Dist. No.	
Village Dr	City Kykerus			- Ward
Length of re	esidence in city or town where o	1111	f death occurred in a hopital or institution, give its NAME instead of street and n s. 2 ds. How long in U.S. if of foreign birth?mo	
2. FULL N	AME KAR	e Repun	1 /	
(a) Reside	ence: No.	(Usual place of abode)	St., Ward. Sylvensident give city or town and	Siale
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Kenewher 26 (Month) (Day)	193 5- (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced		22. I HEREBY CERTIFY, That I attended of	deceased from
	H (month, day, and year)	, , , ,		; death Is said
Lace Y	gars Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2, 5 1m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profined of SAWYE	fession, or particular f work done, as SPINNER, ER, BDDKKEEPER, etc	Nace	Senility	unk
work w	r business in which vas done, as SILK MILL, HILL, BANK, etc	-	<i>a</i>	
	ased last worked at cupation (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE ((city or town) Kal	Vinsta	Other Coutributory Causes of importance:	
(State or co		yland.	Chronic pulmonery tuberculosis	und
14. BIRTHPLA	CE (city or town)	uberes von	Name of operation Date of	A. e
	1	hand the	What test confirmed diagnosis? Was there an a	
16. BIRTHPLA	CE (city or town)	bus un	23. If death was due to external causes (VIOL ENCE) fill In also the following Accident, suicide, or homicide?	, 19
17. INFORMANT (Address)	Haspy	Kesselle Nd.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREW	ATION OF REMOVAL COLLIN	U Date 2 207 , 1935	Manner of injury	
	Missey aday	11 . 2011	24 Was disease or injury in any way related to occupation of deceased?	

Registrar.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	7	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

(Address)

20. FILED

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 12880.
1. PLACE OF DEATH		
County Carroll	In course	Registration Dist. No.
Village or City Westmin	5 1 sea.	No. 7/ W. Green St., Ward
	(H	death occurred in a horpital or institution, give its NAME instead of street and number)
	Chert Butt	ds. How long in U.S. if of foreign birth?yrsmos,ds.
	Green	St., Ward.
(a) residence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Emma May as (or) WIFE of	utto	22. I HEREBY CERTIFY. That i attanded deceased from 1935, to Nav. 14 400, 1935.
6. DATE OF BIRTH (month, day, and year) Alfa	+ 17 - 1887	I last saw him alive on Dance 14 ", 1935; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, atm.
48 1	2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	stur may land	Congina Cectoris 2 days
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	adjuster	
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Baltim (Stata or country) on wrigher	vil.	Other Contributary Causes of Importanca:
13. NAME William C. O	Butto	
13. NAME William C. 0 14. BIRTHPLACE (city or town) Bullin (State or country) mary	nore	Name of operation Data of What test confirmed diagnosis?
15. MAIDEN NAME mary a. 2	Clevelys	23. If death was due to external fauses (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Mary a. 3 16. BIRTHPLACE (city or town) norfal (State or country) Wiraling	la.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Kamma May (Address)	Butto	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	u ma	Manner of injury
Place Urnid Ridge	Date 201/6 , 1935	Natura of injury
19. UNDERTAKER 74Bankard	* 5-m	24 Was diseasa or injury in any way related to occupation of deceased?

If more blanks are needed, address Stafe Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

Westmindler, Ing

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L. [W E. []		Example II		
The principal cause of death and related causes of importance were as follows 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis OUKEAU V. S.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

be properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

V. S. No. 1 N. B.

STATE OF MADVI AND CEDTIFICATE OF DEATH

19991

1. PLACE OF DEATH	ILAND	CERTIFICATE	OF DEATH	10001
County Canal	" S 1 800	(131)		7 /
A	" LIMITA CO		Registration Dist. No	0
Village or City Westmansl	C)	death occurred in a hospital or instituti	ion, give its NAME instead of street	St., Ward
Length of residence in city or town whera daeth occurred		ds. How long in U.S. if of		ds.
2. FULL NAME William Thon	ias Car	יא		
(a) Residence: No.		St., Ward.	to the second	
(Usual place	of abode)	· · · · · · · · · · · · · · · · · · ·	If nonresident give city or tow	vn and State
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CE	ERTIFICATE OF DEA	тн
	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	18 - 21	~ 60
male White marre	//		(Month) (Day)	(Yaer)
5a. If marriad, widowed, or divorced 4. Carr		22. I HEREBY	CERTIFY, That I att	tanded deserved from
(or) WIFE of		11 6 1	19.3.5, to	The second secon
6. DATE OF BIRTH (month, day, and year) 2.	-1572	I last saw h alive on		
7. AGE Yaers Months Days	If LESS than	to have occurred on the date stetes	4. ()	
62 1, 2,	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH	H end ralated causes of Importence	
8. Trada, profession, or perticular	7,012222	Cerebral le	ewaltha e	Date of onset
kind of work done, as SPINNER, Jabou				
Industry or business in which work was done, as SILK MILL,		Hyportensise cardio	r-vasesslar-renal	disc
SAW MILL, BANK, etc	ima (yaars)	sase. Duration	: unknown Cluff	R
this occupetion (month and spe	ntin this			
		Other Contributory Causes of impor	rtance: ()	
12. BIRTHPLACE (city or town) (State or country)		W-effetherens	Janary Ochring	4
13. NAME ANILLIAM J. Com	211			
14 BIOTURI AGE (city or Agus)		Name of oparation	Dal	40.04
14. BIRTHPLACE (city or town) (Stata or country)		What tast confirmed diagnosis?		te of
15. MAIDEN NAME	0	23. If death wes due to external caus		
16. BIRTHPLACE (city or town)		Accident, suicide, or homicida?		
(State or country) \md.		Whera did injury occur?	***************************************	
17. INFORMANT Mary & Corr		Specify whethar Injury occurred in	(Specify city or town, county as INDUSTRY, In HOME, or In PUBL	nd State) LIC PLACE,
(Addrass) Westminster	md.			***************************************
18. BURIAL, CREMATION, OR REMOVAL Sem.	21. 971 . 11	Mannar of Injury		
Place I MULLOSSUM Date LOS	V. 44, 19 3).	Nature of Injury		
19. UNDERTAKER ABANKARA &	2 /	24. Was diseese or injury In any wa	y related to occupation of decease	ed?
(Address) Austrains	ma.	If so, spacify	Arr	<u></u>
20. FILED / 12 19 J & Cleer	Doders	(Signed)	Will. (Cref	M. D.
	Registrar.	(Address)	- Summer	und)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the rélative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis THREAU V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

mation should be carefully supplied.

PHYSICIANS should state -WRITH PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

13	1	1)	Q	V	1)
	1	4		()	4

	County	VAN.4	1- 1- 1		0 /		Registration	n Dist. No	16
	Village or	City_TEL	mesou	25	K - /	death occurred in a hospital or instit	ution, give its NAM	ME instead of street a	nd number)
	Length of res	sidence in city	or town where de	ath occurred 6	yrs. 10 mos		of foreign birth?	yrs	_mosd
2.	FULL NA	ME Z	harle	2 Oli	ver 67	rew			
	(a) Reside	nce: No		(Usual place	of shade)	St., Ward.	If paperida	nt give city or town	- J S
	PERSO	NAL ANI	STATISTIC			MEDICAL C		E OF DEATH	
3. SI	EX	4. COLOR	OR RACE		RIED, WIOOWED,	21. DATE OF DEATH	11-	31	.4-
m	ale	aux	The state of	marrie	(write the word)		(Month)	(Day)	(Year)
5e. f	f married, wido HUSBANO of (or) WIEF of	wed, or divor	10.	lor 6 t	Lew			FY, That I attend	
			0	9 2	10 12	11-50	, 19 // to	30 - 193	30,1900
6. D.	ATE OF BIRTH	(month, day,	and year) An	1. 23-	1873	f last saw h alive on		9:45	; death is sa
7. A	6		10	0ays	1 day,hrs.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA		uses of importance	
1	8. Trade, profe	ession, or par	ticular	7	1 01111111	Were es tollings.	in (Look	(m)	Oate of one
5	kind of work done, es SPINNER, Farmer SAWYER, BOOKKEEPER, etc.					Myscars	itis (ch	manie)	11-27-
OCCUPATION	y. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc								
8	10. Oate decea: this occ	sed last work upation (mon	ed at	11. Total ti sper	me (years)				
12. 1	year)		D: 1	00:0	pation	Other Contributory Capses of imp			
1	(State or con		Ima.	~ 0	0				
	13. NAME	John	albe	1 6	hew-				
FATH	14. BIRTHPLAC	E (city or tow	(n)			Name of operation	have	Oete o	f
	(State o	r country)	m	1.	70	What test confirmed diagnosis?	Manin	Was there	an autopsy?
로 네	15. MAIOEN NA	AME	arah	. Juh	ler	23. If death was due to external ca	uses (VIOLENCE)	filf in afso the follow	wing:
- 1	16. BIRTHPLAC		n). \	/		Accident, suicide, or homicide?		_ Date of Injury	, 19
2	(State o	r country)	mo	777		Where did injury occur?	(Specify city	or town, county and	State
17. I	NFORMANTAL	is (1	nne	15 her	<u></u>	Specify whether injury occurred	in INOUSTRY, in F	IOME, or in PUBLIC	PLACE.
18. E	(Address) A		MQVAL _	100	na.	Manage of Indian			
	Place Be	the	Elmeler	70ate C	c. 2 ,1935	Manner of injury Nature of injury			
19. L	INOERTAKER	Ban	bard.	Vson		24 Was disease or injury in any			no
	(Address)	reples	minsty	n	2 de	If so, specify	f-p-1-		
20. F	ILEO 12	12-1	21 0	woo	solve 1	(Signed)	10/1	mill	M.
				/	Registrar.	(Address)	Mesos	munich	~ M

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1635	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 3	July 5,1927	Peritonitis	3 days ago	
BURGAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PL	ACE OF DEA	TH	Maryl		culosis Sanatorium		
Co	ounty Carr	oll		Colore	ed Branch Registration Dist. No. 74		
Vi	llage or CityH	enryton	, Maryl	and	No. (above) st.	Ward	
Le	ngth of residence in c	ity or town where o	deeth occurred	1 yrs 4 mos	death occurred in a hospital or institution, give its NAME instead of street and it. 19 ds. How long in U.S. if of foreign birth?m.	number) osds.	
2. FU	LL NAME	rawford	Allen	Dashiell	WAR SERVICE		
				omico Co.	• Md • Ward.		
			(Usual place	of abode)	If nonresident give city or town and	State	
	ERSONAL AN		,		MEDICAL CERTIFICATE OF DEATH		
3. SEX Mal		lored	S. SINGLE, MAR OR DIVORCE S111g	RIED, WIDOWED, D (write the word)	November 3, 1935	, 193	
5a. If mar HUSI (or)	ried, widowed, or div BAND of WIFE of	orced			22. I HEREBY CERTIFY, That I attended	deceased from	
					June 15, 1934 19 , to Nov. 3, 19		
	OF BIRTH (month, da		ec., 5,	1908	to heve occurred on the dete steted above, et 7.00 A. M.	.; deeth is sald	
7. AGE	Yeers 26	Months	Days	If LESS than I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence		
N P. T	Trede, profession, or perticular kind of work done, es SPINNER.				Pulmonary Tuberculosis Date		
OCCUPATION	Sawyer, Bookkeeper, etc. Farmer				-	Jan.	
3	work wes done, es SAW MILL, BANK,	etc	Unknow	n		1934	
9 10:0	ate deceased last wo this occupetion (mo yeer)	orked at Onth and IInkn	11. Total t	ime (years) nt in this Unkno upetion Unkno	wn		
	IPLACE (city or town)	Sali	sbury land	upetion	Other Coutributory Causes of Importence:	-	
			ey Dash	iell	-	-	
E	IRTHPLACE (city or t	own) Mard	ell Spr land		Neme of operation Dete of	27	
	(Stete or country)		Jolley		What test confirmed diagnosis?		
I	AIDEN NAME	Wien			23. If death wes due to external ceuses (VIOLENCE) fill in also the following		
16. B	IRTHPLACE (city or t (Stete or country)	own) Mary			Accident, suicide, or homicide? Dete of Injury Where did injury occur?	, 19	
17. INFOR	MANT John	E. O'N	eill, M aryland	. D.	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.	
	L, CREMATION, OR	REMOVAL MCS,	Date Zu	V. F., 1975	Menner of Injury		
19. UNDEI	RTAKER Well	rt Son	e Inc		24. Wes disease or injury in eny way related to occupation of deceased?	No.	
20. FILED	11/3/35	19 De bu	fuel Ct	Registrar.	(Signed) The Gleece (Address) TErraptor	w med	
					2411 N. Charles Street, Balismore, Requesting U. S. No. 1.	/	

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Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 4 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	r I year		

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	L PLACE OF	DEATH	Ma	r yland Tu	berculosis Sai	natorium		
	County Ca:	rroll	******	Col	ored Branch (2)	Registration D	ist. No. 7.4	
	Village or City		ton, Md	()(death occurred in a hospital or instit			
				U_yrs_LU_mos	24 ds. How long in U.S. If		0.4	
2		E Mary Dea		P		AR SERVI	CE MONE	
	(a) Residence:	No. Pocomok			Cs., Mdward.			
0.75	PERSONA	L AND STATIST	(Usual place		MEDICAL	CERTIFICATE	OF DEATH	d State
3.		COLOR OR RACE	S SINGLE MAI	RIED WIDOWED.	21. DATE OF DEATH		OI BEAIN	
-	Female	Colored	Widow	D (write the word)		ov., 14,	1935 (Day)	_, 193 (Year)
5a.	If merried, widowed, HUSBAND of (or) WIFE of	62	ge Deal		Dec., 21, 19	Y CERTIFY	That I attended	deceased from
6.	DATE OF BIRTH (mo	onth, day, and year)	lay 15,	1868	1 103t 30H II alive VII	Nov., 14,	1935	; death is said
7.	AGE Years	Months	Deys	If LESS than 1 day,hrs.	to have occurred on the date sta			
	67	6	XX	o XXX X X X X	The PRINCIPAL CAUSE OF DEA			Date of onset
NOI	8. Trede, profession kind of work SAWYER, BO	on, or particular k done, as SPINNER, DOKKEEPER, etc	Domesti	С	Pulmonary rul	berculosi	S	1933
OCCUPATION	9. Industry or bus		neral Housewo	rk				-
000	10 Data deceased this occupat	last workad at ion (month and		time (yeers) ent in this opailow I)				
12.	BIRTHPLACE (city o	Newbur	n,	ina	Other Contributory Causes of im	portance:		or or
2	13. NAME J	ohn Hender	son					
FATHER	14. BIRTHPLACE (c (State or co		wn	na	Name of operation		Date of	No
ER		Louise Wr	ight		What test confirmed diegnosis?_ 23. If death was due to external c		Was there an	
MOTHER	16. BIRTHPLACE (c	ity or town) Unkr		olina	Accident, suicide, or homicide?		ate of Injury	
17.	INFORMANT J	ohn E. O'N Henryton		. u.,	Specify whether injury occurred	(Specify city or to in INDUSTRY, in HOM	own, county and Sta ME, or in PUBLIC PL	ile) LACE,
18.	BURIAL, CREMATION	NOR REMOVAL THE	State !!!	18 1900	Manner of injury			
19.	UNDERTAKER (Address)	engin	Lew 7	Ine.	24. Was disease or injury in any If so, specify	way related to occupet	ion of deceased?	No
20.	FILED. 11/14	1/38 Mu	CO!	Registrar.	(Signed)	nryton, 1	ld.	M. C
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, I			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 4 1005	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	2	July 5,1927	Peritonitis	3 days ago
	water state of the			
0.4				
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				75-111

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF	MARYLA	ND-CERT	IFICATE	OF	DEAT	+

12885

	1. PLACE OF	DEATH					(8200)	1211013		. 1
	County	Carroll				00000 = 4= 0 0 0 = = = = = =	(0,00)	Registration	Dist. No.	80
	Village or Cit	near Med	ford	1, p-R	F.D. Ne	W Windsor	pital or instit	ution, give its NAME	St.,	Ward number)
		T - 1			∠yrsmos		ng in U.S.if	of foreign birth?	yrs	.mosds.
	2. FULL NAM			Deeds						
	(a) Residenc	e: No. nea:	Med (dford Usual place of	Md . abode)	St., W	ard.	If nonresident	give cily or town a	and State
	PERSON	AL AND STATIS	TICAL	PARTIC	CULARS	MEI	DICAL C	CERTIFICATE	OF DEATH	
3.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower			21. DATE OF		vember,	21 (Day)	, 1935 (Year)		
_	. If married, widowe HUSBAND of (or) WIFE of	late Ida		eds		nov. 18	EREB	Y CERTIF	Y, That I attende	ed deceased from
	AGE Years	nonth, day, and year)	359-		141500 11			74.		L; death is said
"	76	Months		Days	If LESS than I day,hrs.	A CONTRACTOR OF THE PARTY OF TH		ted above, aQ:.55		
NO	8. Trade, profess	ion, or particular ork done, as SPINNER, BOOKKEEPER, etc.	N	23 one	ormin.	were as follows:	ulb	Lemon	haze	Date of enset
OCCUPATION	9. Industry or b									ago
000	10. Date deceased this occupyear)	ation (month and		II. Total tin spent occup	ne (years) in this pation					
12	BIRTHPLACE (city (State or count	ry) Maj	ylar		9. 9	Other Contributory		portance:		10gen
ER	I3. NAME	John H.De	eds	,						8
FATHER	14. BIRTHPLACE	(011) 01 101111/		rick (Name of operation What test confirmed		0	Date of Was there a	
ER	15. MAIDEN NAM					23. If death was due t				
MOTH	15. MAIDEN NAME Christina Webster, Frederick Co. (State or country) To maiden Name Christina Webster,					homicide?			•	
I7. INFORMANT Howard C. Deeds, (Address) Westminster, Md.					(Specify city or in INDUSTRY, in HO	town, county and S ME, or In PUBLIC	itale) PLACE.			
Is. Burial, cremation, or removal Placer Park Cemty Date Nov 23 , 1935			Manner of injury		\					
19	UNDERTAKER (Address)	6.m.2 Winfield	talt	1		24. Was disease or in	jury in any	way related to occupa	ation of deceased?_	no
20	, FILED CAR	2/ 19 (2)	rece	SK	Benedict	(Signed)	73	Mu	ples	M. D

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 5 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

- 1	6 0	0	6.	10	
-1	4	0	0	0	

1. PLACE OF DEATH	(159)
County Alicall	Registration Dist. No. 75
Village Dr City Munalestes	No. St. Ward
(II Length of residence in city or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	now long in 0.5. If of foreign pirth?yrsmosas.
2. FULL NAME Cosaliz Dell	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (waite 198 word)	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Oct 24-1935	1 lest saw h
7. AGE Years Months Deys If LESS then	to have occurred on the dete steted ebove, at 3 Co_m.
25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and specific property).	Tremed body after Date of onset
5. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Present ex built
SAW MILL, BANK, etc.	malpanulation
Spout in this	
yeer) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Yhay Ceure (Stete or country)	
13. NAME Homas dell	
14. BIRTHPLACE (city or town)	Name of operation Oete of
(State of country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Bessis Rayston 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury 19
X (State or country) Mary-land	Where did Injury occur?
17. INFORMANT Hamiles Della (Address) Muncluster mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Plece Wesley Selve Date Nov 20, 1935	Manner of injury
19. UNDERTAKER Edw Clipton (Addiess) Fundantead and	24. Wes disease or injury in eny way releted to occupetion of deceased?
20. FILED Nov. 18 , 1935 mrs. M. R. J. Llenner Registrar.	(Signed) See Best M.D. (Address) Hamilton L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: DEC 5 1999	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BURE V.	2921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12887
County Carroll	Registration Dist. No.
Village or City Uman layon	
The state of the s	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsn	ds. How long in U. S. if of foreign birth?mosd
2. FULL NAME Jehond Stuar	let Nevelus
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
W W DIVORCED (July 1010)	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBANO of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of	- //- 4 - 19 3 to //- 4 - 19 3
6. DATE OF BIRTH (month, day, end year) Feb. 26/931	1 lest saw h_/ Kilologand justantly 19 ; death is si
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
1 dey,hi	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.	- Date of the second
	troclure of vose of
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this recursion (month and account in this programme).	Will and
yaar) occupation occupation	Other Cautributary Causes of importance;
12. BIRTHPLACE (city or town) Willow (State or country)	
(Stata or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Helda Caroline Ectars	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Kelda Caroline Eckars 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Occident Date of injury //- 192
(State or country)	Where did injury occur? (lusois tozon md
17. INFORMANT Thomas L. Develhis	(Specify city or fown, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Www.lown 18, BURIAL, OREMATION, OR REMOVAL	Street
Place-uthlyand usuatura Data 187. 7 133	Menner of injury allomabile accisions
6102	Nature of injury but by fending om revilat
19. UNDERTAKER (Address)	24. Was disaase or injury In any way related to occupation of deceased?
m1 3-m +DE	(Signed) I A Lead M
20. FILED 110V 6 , 1935 Mangarel J. Lugar Registrar.	(Address) Ullerin Bu La M
	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MILE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
VI)	o ma	hould	000	1	
	y ite	S	it of	1	1
	Ever	CIA	emer		
	RD.	IXI	stat		
U	RECC	PH	xact		
rk	NT	LY.	E E		
INC	NE	CT	sified		
N	RM	XA	clas	*	
E E	A PE	ed E	erly	ficate	
FO	IS	stat	prop	TION is very important. See instructions on back of certificate.	
ED	SIH	l be	be '	Jo y	
ERV	K-1	hould	may	back	
SES!	NI	GE S	nat if	s on	
Z	DIN	. A(so th	ction	
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F.A	[C	sup	in te	See i	
	WIT	fully	n pla	nt.	
	LY,	care	THI	orta	
	AIN	d be	DEA	y im	
	PI	shoul	OF	ver	
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V. S. No. 1	N. B	(7	1	
		- 1	- II	- 10	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12888
1. PLACE OF DEATH	82:00
County (arroll)	Registration Dist. No.
Village or City New Willage or City	NoSt., Ward
Length of residence in clam or town where death occurredmos	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth?
2. FULL NAME Almand ALACE G	os.
	N. G. W. Y
(a) Residence: No. Muss St. (Usual place of abode)	// St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (print the word)	21. DATE OF DEATH
- mas 4/ mes /maou/	Morenta 67, 199 5 (Month) (Day) (Year)
5a. If married, widowed, et divorced	
(or) WIFE of Hrank & anglas	22. HEREBY CERTIFY, That I attended deceased from September 12 1 19 3 5, to Movember 6 1, 19 3 5
6. DATE OF BIRTH (month, day, end year)	6 I last saw h ex aive on November 6 19 35 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 - Pt m.
79 7 15- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	arteria Saleras - 1932
kind of work done, as SPINNER, SAWYER, BOOKKEEDER, etc	Cerebral Atemporhus 11-5-3:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Dato deceased last worked at 11. Fotal time (years)	
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) Marshan Ma	Other Contributory Causes of importance:
(State or country)	
13. NAME Charles Devilors	}
13. NAME (Master Devilors) 14. BIRTHPLACE (city or town) Masselon Mo	Name of operation
(State of country)	Whet test confirmed diagnosis? Was there an au opsy?_ 210
16. BIRTHPLACE (city or town) January Consultation	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) January Colle	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT HE SMAY TINGS	(Specify eity or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	1
Place Page sell a Date Hart 9 1935	Manner of injury
19911 1 05	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
char the ward of the	(Signed) Itulian, Jealy) M.D.
20. FILED Stor. 8 , 19 Crance & Bargliet Registrar.	M. O. Access
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis DEC 5 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	9		
Other contributory causes of importance:	E CURY	Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year

Ä

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1. PLACE O

County Cal

Length of resid

PERSON

2. FULL NA

5a. If married, widow HUSBAND of (or) WIFE of

6. DATE OF BIRTH

Yea

8. Trade, profession, or particular

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

this occupation (month and

10. Date deceased last worked at

14. BIRTHPLACE (city or town)
(State or country)

16. BIRTHPLACE (city or town)
(State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER
(Address)

(Address)

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc....

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH
exell,	Registration Dist. No.
	No. Skeing field State Wasselfeld Waldeath occurred in a horpital of institution, give its NAME instead of street and number)
dence In city or town where death occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsmosd
ME august Flancian	
ce: No. (Usual place of abode)	St., Ward. Allegany June No State
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word)	21. DATE OF DEATH (Month) (Day) (Year)
ed, or divorced	22. I HEREBY CERTIFY. That I attended deceased from 19 3 to U.S. 5 , 19 9
month, day, and year) may 19, 1888	I last saw h LL alive on USL 4 5 , 1935; death is sa
Months Days If LESS than	to have occurred on the date stated above, atm.
7 5 /6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of enset Tubereauler a rot What test confirmed diagnosis?. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury... 24. Was disease or injury In any way related to occupation of deceased If so, specify _ (Signed) ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

(Address)

Registrar.

11. Total time (years)

spant in this

occupation_

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

V. S. No. 1

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	WITH	efully
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
>	Z	-

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

1. PLACE OF DEATH County August Property Registration Dist. No. 74
County Carrest Dist. No. 74
obditt)
William of the man of the man of the state o
Village or City Classification (If death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Wellie Trees
(a) Residence: No. (Usual place of abode) St., Ward. Naglestand Meny lead If nonresident give city or (own and State).
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
Flued tolite OR DIVORCED (write the word) (Month) (Day) (Year)
Sa. If married, widowed, or divorced- HUSBANO of 22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Il Illeans V. Then affile 26 1924 to leve. 10 1935
1862 1, 1
6. DATE OF BIRTH (month, day, and year) Cledical Control Ilast saw h
reacht y - 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
age / 5 Oate of onest
8. Trade, profession, or particular kind of work done, as SPINNER, have seen alcumental of 1904
SAWTER, BUUNNEEPER, etc.
9. Jadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
U 10. Date deceased last worked at 11. Total time (years)
10. Date deceased last worked at this occupation (month and year) year) occupation occupation
Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) . Clear Horek
1 1 1 1 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13. NAME Willeam & Compline 14. BIRTHPLACE (city or town) (State or country) (State or country)
I4. BIRTHPLACE (city or town)
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis?
15. MAIOEN NAME Cachel C. Seederch 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Other or country
The design of th
(State of county) CCCU P Where did injury occur?
(Specify city or town, county and State) 17. INFORMANT Les feetals (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Sykesville let
18. BURIAL, CREMATION, OR REMOVAL / A. Date Nov / 2, 19.55 Nature of injury
19. UNOERTAKER C. M. Secter assert (Address) Asserts of the section of deceased? If so, specify
20 FILED W. 18 1936 attacy New (Signed) May Illayd Ill Cees M. D.
Registrar. (Address)

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Example I	3-1	Example II	- Indiana
The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 4 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

V. S. No. 1

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

Exact statement of OCCUPA-

CTATE OF MADVIAND CEDTIFICATE OF DEATH

12891

	AKILAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		119	
County Carroll	TO LEW CHAINS	Registration Dist. No.	
Village or City OV estronamote		No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occur		death occurred in a hospital of mandaton, give its NANE instead of street and in 1.2. ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Mermeth	Levine	Groft	
(a) Residence: No(Use	nal place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL P	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	E, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH 26	1935
5a. If married, widowed, or divorced	ngle	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That lattended d nov 21, 1935, to Rov 23	eceesed from
6. DATE OF BIRTH (month, day, and year)	19- 1935-	I lest saw h Luc alive on Nov 23 1935	death is said
	ays If LESS then	to have occurred on the date stated above, at_11:30Am.	
/ /	3 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	el .	Hastro Enteritis	Date olonset
9. Industry or business in which work wes done, as SILK MILL.			
SAW MILL, BANK, etc	. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town). Oveslinu	-Slev	Other Coutributory Causes of importance:	,
(State or country) marylan	1		
13. NAME Clayton Levene	. Groft		
13. NAME Caylor Lavine 14. BIRTHPLACE (city or town) - W. Salaras	metal	Name of operation Date of	
(State of Country) margine	nd n	Whet test confirmed diagnosis? Was there an au	itopsy?
15. MAIDEN NAME alice Knay	Ebaugh	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Alice Bray 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country) margha	nd	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT alece tre Gr. (Address) Westminster	of t	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Westminster Date	rov 29 ,1935	Nature of injury	
19. UNDERTAKER HBankurd S	15 m	Was disease or injury in any way related to occupation of eccased?	
(AUUTESS) V solmingle	ma /	If so, specify W. The second W	112 112
20. FILED / 19 7 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Regigirar,	(Signed) (Address) (Addres	Sud.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 5 1035	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Guisiones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

BINDING FOR RESERVED

plnods PHYSICIANS statement RECORD. Exact PERMANENT CTL classified. EX properly stated THIS. pe may pluods that supplied. in plain terms, carefully DEATH should be OF WRITE CAUSE mation

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEAT County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______yrs.____mos.____ds. (Usuai place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That J ettended deceased from 22. certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at ... 1 day,hrs The PRINCIPAL CAUSE OF DEATH end retated causes of importance or min. were as follows Data of enset 8. Trade, protession, or particular 720 OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ JO. back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... O. Qate deceased last worked et 11. Total time (years) uo this occupation (month am year) spent in this occupation __ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Neme of operation. (State or country) What test confirmed diagnosis? MOTHER important. I5. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN very 18. BURIAL, DREMATION, OR REMOVAL Manner of Injury 02 Nature of injury. NOIL 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify M Registr (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

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Chronic interstitial nephritis DEC 5 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement St., (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DtVORCED (write the word) EXACTL classified. 5a. If married, widowed, or dispreed (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years If LESS than stated Months Davs to have occurred on the date stated above, at 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min Dats of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. JO SAWYER, BOOKKEEPER, etc back may 9. fndustry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.... no 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ____ instructions Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) (Stafe or country) supplied. terms, FATHER 13. NAME 14. BIRTHNACE (city or town) Name of operation. plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?__ MOTHER very important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) (State or country) be Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL 18 Manner of injury CAUSE mation Nature of injury. MOIL 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER If so, specify (Signed) (Address) _. Registrar. If more Blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 4 1903	July 5,1927	Peritonitis	3 days ago
MINERU V. S.			
Other contributory causes of importance:	4.00	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF M	MARYL.	AND-	CERTI	FICA	TE	OF	DEA	T	H
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12891

1. PLACE OF DEATH	
County Carnell	Registration Dist. No.
Village or City Sykesville	ND. Dringfield the Hospitalst., Ward feelsh occurred in a hospitalse institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,7mos	s. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Jefferson J. Howlett (a) Residence: No. 314 S. Gocust Street (Usual place of abode)	St., Ward. Hagerstown, Maryland If Conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH Orculer (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of Mary Guessford Howlett	22. I HEREBY CERTIFY. That lattended deceased from February 15, 19,34, to November 6, 19,35
6. DATE OF BIRTH (month, day, and year) July 27, 1901	I last saw h im alive on November 5 , 19.35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 4.50 Am.
34 3 /0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	(1) Epilepsy (post traumatic) sin ce May 1923
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Ct to the state of
10. Date deceased last worked at this occupation (month and year) spant in this occupation	(2) Solus epiteplians 11/2/35
12. BIRTHPLACE (city or town) Hagerstown Maryland	Dither Coutributory Causes of importance:
13. NAME George R. Howlett	
13. NAME George K. Howlett 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? Quincal records Was there an autopsy? No.
15. MAIDEN NAME Sarah Christinger 16. BIRTHPLACE (city or town) At agesstown	23. If death was due to external causes (VIDLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) tagesstown	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital records (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Jagacemora ma Dete Mar 9, 1935	Nature of Injury
19. UNDERTAKER Field N. Kraiso (Addiess) Hazustown Md.	24. Was disease or injury In any wey related to occupation of deceased?
When I ar polares Huge	(Signed) M.D.
20. FILED COV. S., 19 P. Registrar.	(Address) Sule Dille Manyl

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Exa	imple I	a to proper and	Example II	
The principal cause of deat of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3.05	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 4 IN	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	30, 9			
	the same and specific description and you the			
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Corour Red of Carroll Court, was consulted but did not think it
necessary to order an autopsy against the wishes of the polient's family. He
did not consider an inquest ne cessary.

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£ 1	P	C	1
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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H	þ	Ď	TION is very important. See instructions on back of certificate.
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STATE OF	MARYL	AND-C	ERTIFI	CATE	OF	DEATH
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sil.	3	1	12	7	
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1. PLACE OF DEATH	<u> </u>
County Augusty.	Registration Dist. No. 74
Village or City Au Arewell	No Krus field Stale Kap Kilward
	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
No God Maria	yısyıs.
2. FULL NAME RAKES G. HELL	No. was the same
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND OF Cohu A. Kull	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Tearl 20, 87/	I last saw h Lt alive on Mov 202, 19.3 J; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at
64 0 + 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	- A-A-
SAWYER, BOOKKEEPER, etc.	Mesouro unacartela 1935
work was done, as SILK MILL, SAW MILL, BANK, etc.	with Willes and
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	some mangalina
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Wax hung for County	Other Conditionary Causes of Importance.
(State or country) Warnhand	
13. NAME Karun weekelbergan 14. BIRTHPLACE (city or town) Masking from January	
14. BIRTHPLACE (city or town) Mashing from June	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Actual Place 16. BIRTHPLACE (city or town) Mashing than a	23. If death was due to externat causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
A TO P	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CARRELL CARREST (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BUBHAL, CREMATION, OR REMOVAL	Manner of injury
Closeryung md. Date Nov. 76 , 1935	Nature of injury
19. UNDERTAKER STULDER Bowland	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Clear Spring md	If so, specify
20, FILED How. 24 1935 affary Heet	(Signed) Mand Sh. lees, M. D.
Registrar.	(Address)

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	L SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA. STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE	OF DEATI	1		and Tuber	culosis Sanatorium	
County	Carrol	1		Colore	d Branch (A) Registration Dist. No. 74	
Village	TT	enryto	n, Mary	land.	No. St	Ward
Arteria de la composição de la composiçã	f residence In city	or town where d	leath occurred	O _{yrs} 6 mos	death occurred in a hospital or institution, give its NAME instead of street and 15 ds. How long In U.S. if of foreign birth?	number) 10sds.
2. FULL	NAME Sa	rah Ja	cobs		WAR SERVICE NONE	
(a) Res	idence: No. 3	09 N.	Carey S	t., Balti	more, Md Ward.	
<u> </u>			(Usual place	of abode)	If nonresident give city or town one	State
			CAL PARTI		MEDICAL CERTIFICATE OF DEATH	
remale.	4. COLOR	red.	S. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH NOV., 2, 1935 (Month) (Day)	_, 193
5a. If married, w HUSBAND (or) WIFE	vidowed, or divorce of of	d George	Jacobs		April 18, 1935 CERTIFY That I attended	deceased from
6 DATE OF BUR	tTH (month, dey, e	S. S.	ept., l	4, 1885	llast saw her alive on Nov., 2, 1935	, 19 : death is said
7. AGE	Years	Months	Days	If LESS then	to have occurred on the date stated above, at 6.30 mA.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	., veath is said
Z 8 Trade, p	profession, or parti		Domest		Pulmonary Tuberculosis	Sept
SAW	YER, BOOKKEEPE	R, etc	neral			1934
North SAW	or business in w k wes done, as SIL MILL, BANK, etc	K MILL,	Housewo	rk		-
U 10. Date de	ceased last worke occupation (month	d et	11. Total ti	me (years)		
	E (city or town)	Suffol Virg			Other Contributory Conses of Importance:	
		uel La				
H 14. BIRTHPI	LACE (city or town	Suff Virg			Name of operation	NO
	NAME Mel			`	What test confirmed diagnosis? Was there en	
Ξ		Suff			23. If deeth was due to external causes (VIOL ENCE) fill in also the followin	g:
O 16. BIRTHPI	LACE (city or town te or country))	inia.		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT (Address	John	E. O'N	eill, M Maryla		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ie) .ACE,
	MATION, OR REN		mary ra	iiu.	Manner of injury	
Place 1	ntRul	un.	Date/_/_	5 ,1935	Nature of injury	
19. UNDERTAKE (Address	R MR : 1		R. Will	iams	24. Was disease or Injury in any way related to occupation of deceased?	No '
	/2/35, 19	Depu	ity Loca	O Necce Registrar.	(Signed) Henryton Md	ev m. D
		If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

B.—WRITE

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
O.A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. / Charles

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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N. B.—WRITE PLA

M	PERMANENT RECORD. Every item of infor EXACTLY. PHYSICIANS should stately classified. Exact statement of OCCUPA.
	tD. Every rSICIANS
	T RECOR
BINDING	RMANEN'X A C T L classified.
B	PE E

UPA-		F MARYLAND—	CERTIFICATE OF DEATH	12898
-	1. PLACE OF DEATH		131	
Jooc J	County Carroll		Registration Dist. No.	71
) jo	Village or City Union	own Dita.	No	St., Ward
	Length of residanca in city or town where de	th occurredvrsmos	death occurred in a hospital or institution, give its NAME instead of the death occurred in the death occurred	of street and number)
statement	2. FULL NAME Elizat	Potl Doclon	51.	•
ate	(a) Residence: No.	on spegie	61 W- 3	
	(a) hesidence. No.	(Usual place of abode)	St., Ward. If nonresident give city	or town and State
	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF D	
3	3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH	2.17
N	lemale Culute	Wolow	(Month) (Da)	(Year)
5	5a. If married, widowed, or divorcad HUSBAND of	0 61 0		
-	(or) WIFE of Samuel	Reefer	1 HEREBY CERTIFY. That	1 attanded dacaased from
6	6. DATE OF BIRTH (month, day, and year)	21.3-1843	Wast saw h Lev. elive on Supply 18	. 19.30 ; daath is said
7	7. AGE Years Months	Days If LESS than	to heve occurred on the data stated abova, at 6:32Am.	o o j avioni je galu
7	92 0	/7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impo ware as follows:	rtance
2	8. Trade, profession, or perticular	221		Date of onset
NOCTION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	luly		
AGII	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	use - Mark	Centerio Aclesory	1 Indefinit
2	10. Date daceesed last worked at	II. Total time (years)	lepronu flat helle	seler 2 yes
L	this occupation (month and year)	spent in this occupation	Leseral afforter	1 400.20.3
1	12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
-	(State or country)	Hand		
FATHER	13. NAME Seorge Po	dkey		
AT	14. BIRTHPLACE (city or town)	<i>V</i>	Name of oparetion	Date of
-	(State of country)	ma:	What test confirmad diagnosis? We	
OTHER	15. MAIDEN NAME	th Jong	23. If death was due to external causes (VIOLENCE) fill in also the	ne following:
TOM			Accident, suicide, or homicide? Date of Inj	ury
-	(State or country)	110	Whare did injury occur?	
1	7. INFORMANT William C.	Reefer	Specify whather injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
1	(Address) 8. BURIAL, CREMATION OR REMOVAL	own. 100.00	7	
	Placa Silver Runn	Data Mou. 23 1935	Manner of injury	
-	SM fin	le V Se	Neture of Injury	
1	9. UNDERTAKER (Address)	PA PA PAI	24. Was disaase or injury in any way plated to occupation of de	ceased
) i	M. Carlotte	+DC1.17.2.	(Signad)	and the same
2	0. FILED /10v-23, 1935 Mary	garel (anglas)	(Address) Man	la M.D.
larence	If more bla		PALL N. Charles Street, Baltimore, Requesting 97 5 No. 1	curie

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Chronic interstitial nephritis DFC 4 1905	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

5	HAIL			CERTIFICATE OF DEATH	2899
1. PLACE OF DEA	TH	Maryl		TOUTOSTS Sand vol. Tam	0000
County Carr	oll		Color	ed Branch 23 Registration Dist. No. 74	
Village or City He	nryton,	Marylan	d	No. (above) St.,	Ward
Length of residence in a	ity or town where	death occurred	vrs 6 mas	death occurred in a hospital or institution, give its NAME instead of street and not do. How long in U.S. if of foreign birth?	umber)
2. FULL NAME				WAR SERVICE NON	
				tost., Md. Ward.	
(a) Kesidence: No.	TOAU IV.	(Usual place of		If nonresident give city or town and	State
PERSONAL AN	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLO	OR OR RACE	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH November 24, 193	5.
	olored	Marri	led	(Month) (Day)	(Year)
a. If married, widowed, or div HUSBAND of				22. I HEREBY CERTIFY, That I attended of	eceased from
(or) WIFE of	Eve	lyn Keer	ne	May 15, 1935 19 tNov., 24, 1	
B. DATE OF BIRTH (month, da	y, and year) Ja	n., 21,	1916	Hast saw h_iM_ alive on NOV. 24, 193,50	
. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 12.30n. A. M.	
19	10	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or p	. as SPINNER.	Zako na wila		Pulmonary Tuberculosis	
SAWYER, BOOKKE		Tailer			27 3
9. Industry or business i work was done, as SAW MILL, BANK,	SILK MILL, etc	Unknown	1		Feb.
Date deceased last wo	rked at	11. Total tin	me (years)		1935
year)	Unkno	WIL OCTU	tin this Unkno	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town	/	en Hill		— — — — —	
(State or country)		rland		-	
13. NAME		ge Keen			
14, BIRTHPLACE (city or t	,	ch Creel	<u> </u>	Name of operation Date of	37
15. MAIDEN NAME		land cl Cormi	e h	What test confirmed diagnosis? Was there an au	
	Cold	en Hill	511	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or t (State or country)	01111/	land		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
7. INFORMANT John				(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CF
(Address) Henr					
18. BURIAL, CREMATION, OR	REMOVAL	, ,	125 41	Manner of injury	
Place M. Last	7 concl	Date Date	d 19_3.1.	Nature of injury	
19. UNDERTAKER	fut I	Will	ligne	24. Was disease or injury in any way related to occupation of deceased?	No
(Address) / 5-/	5mgEg	alus of	AK	If so, specify	
0. FILED 11/24/3		way	Reele.	(Signed)	M. D.
	Depu	ity Loca	Registrar.	(Address) - TELLEY TON	/

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
CONTRACT V S.			
	-1		
Other contributory causes of importance:	100	Other contributory causes of importance:	h(= - B)
Gallstones	May 1,1923	Gastroenteritis	1 year

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)	of	plu
	item	sho
	Every	CIANS
	RECORD.	PHYSI
TARGIN RESERVED FOR BINDING	UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	upplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A P	stated
Ö	IIS	pe
EKVE	VK-TI	plnods
大田子	NG II	AGE
IARGIN	UNFADI	upplied.

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

12900 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		82-0)	,
County Carroll	"BIR.	Registration Dist. No. 6	,
Village or City 2N 121 North	(If	No. St., death occurred in a horpital or institution, give its NAME instead of street and nur Left ds. How long in U.S. if of foreign birth? yrs. mos.	
	P & L	Total Color of the	
2. FULL NAME Cinnis	G. C. Koone		
(a) Residence: No. Ware	(Usual place of abode)	St., Ward. If nonresident give city or town and St	late
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Fenale white	or DIVORCED (write the word)	21. DATE OF DEATH TOV. (4 (Month) (Day)	193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. THEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year)	A. 20-1865	1 1 12 16 25	death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 7.4.m.	00211113 3010
70 -	2 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ione	arterio Lolerano	2
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		(0- R) KE - 1 - 1	11/
10: Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this cocupation	Creosa Hrmanige	712/3
12. BIRTHPLACE (city or town)		Other Coutributery Causes of Importance:	
(State or country)	Ų.		
13. NAME & dward 14. BIRTHPLACE (city or town)	Koone		
(State of country)	d.	Name of operation Date of What test confirmed diagnosis? Was there an aut	opsy 7Co
15. MAIDEN NAME Cachael	miksell	23. If death wes due to externel causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Cachael 16. BIRTHPLACE (city or town) (State or country)	?	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT HONGE CAN'T (Address) Was of Care	Loone westmingto and	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Place Prince 11996	Date Nov. 16 ,1935 -	Manner of injury	
19. UNDERTAKER A Bankard	from do	24. Was disease or injury in any way related to occupation of deceased?	20
20. FILED //// 19-3/ 10	woodward	(Signed)	M. I

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CTATE OF MADVIAND CEDTIFICATE OF DEATH

4	The same of the same		r MAR	TLAND-	CERTIFICATE OF DEATH	JUL
	County Carr				(3)	0
					Registration Dist. No.	-0
	Village or City ne	ar, Taylo	orsvill	Le, R	F. No. Westminster, Md. St., death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs. m	ward
						USuə.
2	2. FULL NAME	Mary A			•	
2130	(a) Residence: No	near	, Tay 101 (Usual place	rsville, Mo	C. St., Ward. If nonresident give city or town and	State
	PERSONAL AN	D STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.		hite	OR DIVORCE	RRIED, WIDOWED, ED (write the word) LOW	21. DATE OF DEATH November, 2, (Month) (Day)	, 19 5
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of late	Lewis	A.Koont	tz.	22. 1 HEREBY CERTIFY, That I attended 1 1934, to Nor. 2	deceased from
6.	DATE OF BIRTH (month, day	, and year) 18	54-7-28	3	I last saw h 2 alive on Nor 2 nd 1935	_; death is said
_	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at9p., m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	81	3	4	ormin.	were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or pa kind of work done, SAWYER, BODKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e	as SPINNER, PER, etc which ILK MILL, tc	None		Chronic Interstities Replaiter	1934
8	10 Date deceased last wor this occupation (mor year)	nth and	spe	time (years) entin this upation		-
12.	BIRTHPLACE (city or town). (State or country)		land.		Other Contributory Causes of importance:	*
E C	13. NAME Sal	muel Spu	irrier			
FATHER	14. BIRTHPLACE (city or to (State or country)		lerick	Co.	Name of operation Date of	-
-	1	Hannah C			What test confirmed diagnosis? Was there an	autopsy?
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	wn) Car),	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
	INFORMANT Mrs. E	rnest F Westmin	rankli	n .	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ie) ACE.
18.	BURIAL, CREMATION, OR R		_Date_NOV	5,1935.	Manner of Injury	
19	. UNDERTAKER	nfield,	rath Md.		24. Was disease or injury in any way related to occupation of deceased?	ko
20.	FILED /1-4	935 6	2005	Farver	(Signed) , le, Stelly	M. D

S. No. 1

-WRITE ż

CAUSE OF DEATH in plain terms,

TION is very important.

should be carefully

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PHYSICIANS should

EXACTLY.

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certificate.

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See instructions on so that

IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

UNFADING INK-THIS

supplied.

of OCCUPA.

Exact statement

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1930	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	ly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
	ay 1,1923	Gastroenteritis	1 year
II DED VI			
\\E			

STATE OF MARYLAND—CERTIFICATE OF DEATH state item of infor-OCCUPA-1. PLACE OF DEATH should County Carrall Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? vrs. mos. Length of residence In city or town where death occurred RECORD, Every statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH EXACTLY. OR DIVORCED (write the word) november PERMANENT narried (Month) classified. 5a, If married, widowed, or divorced HUSBAND of 1868 certificate. 6. DATE OF BIRTH (month, day, and year) properly stated 7. AGE Years Months If LESS than to have occurred on the date stated above. Days 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 6 8. Trade, profession, or particula INK-THIS OCCUPATION kind of work done, as SPI SAWYER, BOOKKEEPER, e jo AGE should back Andustry or business in which it may work was done, as SILK M SAW MILL, BANK, etc.___ on 10. Date deceased last worked at this occupetion (month and that vear) _____ See instructions 80 12. BIRTHPLACE (city or town) (State or country) supplied. CAUSE OF DEATH in plain terms. FATHER 13. NAME 14. BIRTAPLACE (city or town) (State or country) arefully MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) mation should (Address) -WRITE PI 18. BURIAL, CREMATION. TION is 19. UNDERTAKER M

(Year)

That I attended deceased from

(Oay)

7 0 01	Chronic Myocordatis	Date of onset
NNER, Line Stock	angine Pestorio	11-24-35
III, Dealer	Will from Garage	
11. Total time (years) spant in this occupation		
en windson	Other Contributory Causes of importance:	2-5-34
rangland r. Dambert	Typhaid Feren	1905
rew Windson	Name of operation Date of	
surgland	What test confirmed diegnosis? Was there a	n autopsy?_/10_
ilez Lambert	23. If death wes due to external causes (VIOLENCE) fill In also the follow	ing:
Tew overdoor	Accident, suicide, or homicide? Date of injury	, 19
raryland	Where did injury occur?	
Lambert	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC	State) PLACE.
Vindoo md		
tu Date Dec 1 , 1935	Manner of injury	
hard tom	24. Was diseese or injury in party way related to occupation of deceased?	no
render Brd	If so, specify fathering, which,	
Essu Brushey	(Signed) New Mandaw,	ml, M. O.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

S. No. 1

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Example I	- 1	Example II	
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 3	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF					/
The second second	Carroll			Registration Dist. No. 4	
Village or Cit	ySykes: ence in city or town where	ville, Ma	eryland (I	No. Springfield State HospSt., f death occurred in a horpital or maintuluon, give its NAME instead of firest and m 12 ds How long in U.S. if of foreign birth?yrsmc	Ward
2. FULL NAM	E Frederi	ck John	Maisch		
(a) Residence		dmondsc (Usual place		St., Ward. Beltimore Md	
0555000				St., Walt. Baltimore Md. If nonresident give city of lown and	State
	L AND STATIST		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	_
Male	White		D (write the word)	November 9 (Day)	, 193.5 (Year)
5a. If married, widowed HUSBANO of	f, or divorced			22. I HEREBY CERTIFY, That I attended	deceesed from
(or) WiFE of		20		Uctober 28,19 35, to November 9	, 19.35
6. DATE OF BIRTH (m	onth, day, and year) A	pril A-1	866	i last saw h.im. elive on November 9 , 19.35	; death is sai
7. AGE Years	Months	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated ebove, at _10.07P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
69	1 76	1 970	ormin.	were as follows:	Oate of onse
9. Industry or bu work was o SAW MILL	isiness in which fone, as SILK MILL, BANK, etc	Laborer Unk.		General Arterio-sclerosis and chronic Nephritis	Unk
year)	tion (month and 192	3 spa	ime (years) nt in this upationUnk.	Other Contributory Causes of Importance:	6 30
(Stata or count	or town) Balti	more, wa	ry ranu	Broncho-pneumonia Nov	0=19
13. NAME	ohn Freder	ick Mais	sch		
1.	city or town)			Name of operation Date of	
(State of C		German		What test confirmed diagnosis? Wes there an a	utopsy?N
15. MAIDEN NAM 16. BIRTHPLACE ((Stete or c	city or town)		enhauser	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following Accident, suicide, or homicide?	
	spital Kec	ords		(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATIC	ON, OR REMOVAL	Date No		Menner of injury	
19. UNOERTAKER (Address)	In The	famor x 7	Loug	24. Wes disease or injury in eny way related to occupation of deceesed?	No
20. FILED HOW /	1 ,1985 @	Harry,	Heer	(Signed) Musiquia Bayon	M.

7. S. No. 1

ARGIN RESERVED FOR BINDING

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Example I		Example II	
f death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
ritis G	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
uses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
707	f death and related causes	f death and related causes Date of onset follows: DEC 4 1905 1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: DEC 4 1955 1915 Attack of epilepsy Run over by street car July 5, 1927 Peritonitis

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA- STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	97)
County Court	Registration Dist. No. 7/
Village or Cityrear umon Brilage	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME GARD 6. Me all)
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 700 6 ,193.5
5a. if married, widowed, or diverced	(Month) (Day) (Year)
HUSBAND of Sarah 6. Mage	22. HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) LCT 24, 1855	I last say h in alive on 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
70 0 12 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date descendation (month and the occupation (arterio selevoses
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation year)	
12. BIRTHPLACE (city or town) Carroll 60 Md (State or country)	Other Contributary Causes of importance:
=	
14. BIRTHPLACE (city or town).	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Callline Lliselman	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Allune Hiselman 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT LESS 9 Cartzendaguer (Address) Linea Brudde VIII	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAC	Manner of injury
unplace time but Jud Date SUV. 6 ,1931	Nature of injury
19. UNDERTAKER () TUSSTOON (Address) Saner Sylphy Me	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mor. 6, 1935 Margaret R. Englar Registrar.	(Signed) 1, VY. Lega M.O. (Address) Agraina Banka Od.
If more blank are needed, address State Registrar	, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

be properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		
CountyCarrol	L	Registration Dist. No. 74-
		tal No. Sykesville, Md. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) ss. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Charles	Metzger	0. W. I
(a) Residence: No. 2610 ((Usual place of abode)	St., Ward. Baltimore Md.
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH November 9 , 1935 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) F. AGE Yeers Months	Days If LESS than I day,hrs	The Taincir At Cause of Death and related causes of importance
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	clerk, Circ. Dept.	Typhoid Fever 9-22-35
12. BIRTHPLACE (city or town) Ball (State or country)	imore Maryland	Other Contributory Causes of importance: Cholecystitis with rup- tured gall bladder 11-7-35
13. NAME Andrew Metzge	r	Pyelo-cystitis 11-4-35
13. NAME Andrew Metzge 14. BIRTHPLACE (city or town) (State or country) Vir	ginia	Name of operation Lab Tests Date of What test confirmed diagnosis? Clin Symp Was there an europsy? Yes
15. MAIDEN NAME Wanda Mc 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Springfield (Address)	ryland	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURD, CREMATION, OR BEMOYAL	Date War 12, 1935	Manner of injury
19. UNDERTAKER Jalue M. (Address) 2008 DE	leans &t.	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILED 7 0 9 , 1935 Q	Arry H see Registrar.	(Signed) Marry J. Baer, M.D. (Address) Sylkesville, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: 4 1900	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
a a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	HER STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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UNFADING INK-1	supplied. AGE should	terms, so that it may	ee instructions on back
TH UNFADING INK-	lly supplied. AGE should	plain terms, so that it may	See instructions on back
WITH UNFADING INK-	refully supplied. AGE should	in plain terms, so that it may	ant. See instructions on back
LY, WITH UNFADING INK-	carefully supplied. AGE should	TH in plain terms, so that it may	portant. See instructions on back
AINLY, WITH UNFADING INK-1	d be carefully supplied. AGE should	DEATH in plain terms, so that it may	important. See instructions on back
PLAINLY, WITH UNFADING INK-1	nould be carefully supplied. AGE should	OF DEATH in plain terms, so that it may	very important. See instructions on back
TE PLAINLY, WITH UNFADING INK-1	n should be carefully supplied. AGE should	SE OF DEATH in plain terms, so that it may	is very important. See instructions on back
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

KARGIN RESERVED FOR BINDING

Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored Branch (23)

County Carroll Registration Dist. No. 74 Village or City Henryton, Maryland (above)

	Length of resid	dence in city or town where	death occurred	yrsomos.	20 ds. How long in U.S. if of foreign birth?yrsm	osds.
2	. FULL NA	ME Ella Nea	1		If U.S. Veteran specify WAR None	
	(a) Residen	ce: No. 152 Was	hington (Usual place	St. Cam	bringe, Mad. If nonresident give city or town and	State
(CEA	PERSON	AL AND STATIST	ICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Remale Colored Married					21. DATE OF DEATH NOV., 7, 1935 (Month) (Day)	, 193
	If married, widow HUSBAND of (or) WIFE of	Н	enry Ne		22. I HEREBY CERTIFY, That I attended Oct., 18, 1935 19 to NOV., 7, 1 last saw her alive on NOV., 7, 1935 19	
7.	AGE Yea 5(8. Trade, profes		Days 27	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. 4.00 mP.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Pulmonary Tuberculosis	Date of onset
OCCUPATION	work was		OWI Spa	etime (years) ent in this Unkno	₩I] Other Contributory Causes of importance:	Aug. 1935
12.	BIRTHPLACE (cit (State or cour	100				
FATHER	13. NAME 14. BIRTHPLACE (State or	(city or town)Prest	d Jones on and		Name of operation Date of What test confirmed diagnosis?	autopsy?NO
MOTHER	15. MAIDEN NA 16. BIRTHPLACE (State or	ME Hennie (city or town)Presto	e Jones on		23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?	g: , 19
17.	INFORMANT J (Address)	ohn E. O'Ne: Herryton, Ma	ill, M.	D.	(Specify city or town, county and Stat Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMAT	ION, OR REMOVAL	Date	57 /8, 19 % ?	Manner of injury	
	9	D. sure al	15-1-	Y	24 Was disease or injury in any way related to occupation of deceased?	No

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Approximate de la constante de				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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DITTOIT	PERMANENT	EXACTLY
TOT	IS A	stated
TANGIN NESENVED FOR BINDING	UNFADING INK-THIS	upplied. AGE should be
	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.

PHYSICIANS should state RECORD. Every item of infor-

Exact statement of OCCUPA.

classified.

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certificate. properly

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12907
1. PLACE OF DEATH	942
County (arroll,	Registration Dist. No.
Village or City Mew Why Ason Mad	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Shomas, Cliffon le	arre
(a) Residence: No. //// (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SHICLE MARRIED, WIDOWED	21. DATE OF DEATH
Male While Edward with the	Morember 26 7, 193 3 5 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(m) will ora & Peure	22. I HEREBY CERTIFY, That I attended deceased from November 15th 1925 to November 26 1931
6. DATE OF BIRTH (month, day, and year) Sept. 15-18-6	I last saw henre allve on Morenty 26 1925; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 - R.m.
79 2 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
A Trade profession or particular	arterio - Schrosia Date of one of
kind of work done, as SPINNER, Harrier SAWYER, BOOKKEEPER, etc.	Coronary, Thrombosis 11-25-35
SAW MILL, BANK, etc	<i>V</i>
O 10. Date deceased last worked at / / A 11. Xotal time (years)	
o this occupation (month and / 902 spent in this occupation year)	
12. BIRTHPLACE (city or town) Unionwille	Other Contributory Causes of Importance:
(State or country)	
13. NAME Thomas Other Cearse	
14. BIRTHPLACE (city or town the truck Co.	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Clementine Poole 16. BIRTHPLACE (city or town) Hredrick Co.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Fledrich Co.	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Myd.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cray Thomas O lave. (Address) atlanta, Ela.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL A MARINE SOLO SA	Manner of injury
Place Linguison Censoate / LOV. 27, 19.32	Nature of injury
19. UNDERTAKERAL. Al. Hartyler & Sons (Address) Hew Windson & Minion Roydell	24. Was disease or injury in any way related to occupation of deceased? The O
20. FILED M. 27 36 Liseus & Breede	(Signed) Sterling Hally M. D. (Address) New Windson, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II	water prese	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	. aec 5 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	tis DEC 5 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		الـــــا			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	item of infor-	should state	of OCCUPA.)
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be catefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
BINDING	PERMANENT	EXACTLY	rly classified.	ate.
FOR	S IS A	stated	proper	certific
MARGIN RESERVED FOR BINDING	IG INK-THIS	AGE should be	that it may be	ons on back of
MAKGIN	TH UNFADIN	y supplied.	ain terms, so	See instruction
	PLAINLY, WIT	ould be carefull	F DEATH in pl	TION is very important. See instructions on back of certificate.
4 .0.4	B.—WRITE	mation sho	CAUSE O	TION is v
•	Z		1	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12908
1. PLACE OF DEATH	
county Carroll County	Registration Dist. No. 74
Village or City Sykesvelle "Mid,	No. Springfield State Hospital Ward death occurred in a horpital or isolitution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred 17yrs,mos	death occurred in a horpital or inditution, give its NAME instead of street and number) 2.2. ds. How long In U.S. if of foreign birth? ds
2. FULL NAME WILLIAM - PREUS	
(a) Residence: No. 6% Bro Erwat Prusar. A	ATO RAMER - Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED WINDOWSD	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 30 - 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) AUGUST-1881	
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 11-05 PM.
54 3 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Z 8. Trade, profession, or particular	wera as follows:
kind of work done, as SPINNER, No occupation	Juliuouary AUG
9. Industry or business in which	Tuberkulasia. 1935
work was done, as SILK MILL, Mental Defecture, SAW MILL, BANK, atc. 11. Total sma (years)	
O 10. Date deceased last worked at this occupation (month and work yaar)	
Easter Pa	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Call and (State or country)	Wental Defection from
13. NAME luxuown	With-
14. BIRTHPLACE (city or town)	Name of operation Could Data of
(State or country)	What test confirmed diagnosis? Phys & an Tah Was there an autopsy? 200
15. MAIDEN NAME WIKKNOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME LUCKLOWN 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country) Lormany,	Where did Injury occur? Woul -
17. INFORMANT Crucket Preusser (Bro) (Address) MT. Ramer Epiary Care.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Mannar of Injury 2003
Place Mallerelle Dantec 1 , 19 35	Natura of injury.
19. UNDERTAKER & Garche Roma	24. Was disease or injury In any way related to occupation of deceased?
(Address) Hy uflavelle, my	If so, specify
20, FILED DOG, I Cost Harry How	(Signed) 1 Cohert P Harris md. M.D.
Registrar.	(Address) Syklewille rud.
If more blanks are needed, address State Registrar,	2421 N. Charles Street, Baltimore, Requesting U. S. No. 1. RESIDENT Phy 3
	renacur rays,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: DEC 4	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis Fig. 15	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium STATE OF MARYLAND-

PHYSICIANS should state Exact statement of OCCUPAitem of infor-RECORD. Every stated EXACTLY. IS A PERMANENT properly classified. certificate. UNFADING INK-THIS pe AGE should be jo See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

ARGIN RESERVED FOR BINDING

1.	PLACE	OF	DEATH
			2 2

County Carroll	CoToted	Branch	R	egistration Dist. No.	74	
Village or City Henryton, Maryland	d l	No(above)		St.,	Ward
Length of residence In city or town where death occurred O	vrs. O (If death mos. 14	occurred in a hor	pital or institution, g g in U.S. if of fore	rive its NAME instead of ign birth?yrs.	street and number	e)ds.
Wahla Wialas Ch		1		SEDVICE	None	

2. FULL NA	ME Mable V	iolet Sh	nowell	WAR SERVICENo	ne
(a) Residen	nce: No. Berlin,	Worches (Usual place		Mgt, Ward. If nonresident give city or town and	I State
PERSON	NAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. color or RACE Colored		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH NOV., 1, 1935 (Month) (Day)	., 193
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIFY, That I attended Oct., 18, 1935, 19 to Nov., 1, 1	deceased fro
7. AGE Yes	ars Months	an., 9, Days 23	1917 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12.30m, A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Pulmonary Tuberculosis	1.0-1
9. Industry or work was SAW MII	work done, es SPINNER, ch, BOOKKEEPER, etc	OWT SPS		vn	June
12. BIRTHPLACE (ci	ity or town) Berl intry) Mary	in land		Other Contributory Causes of importence:	
13. NAME	Hand	y Showe!	11		
14. BIRTHPLACI	E (city or town) Berl r country) Mary	in land		Name of operation Dete of What test confirmed diagnosis? Was there an	
15. MAIDEN NA	ME Loui	se Pitt:	5	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following	
16. BIRTHPLACE	E (city or town) Berly r country)	in land		Accident, suicide, or homicide? Date of Injury Where did injury occur?	19
17. INFORMANT	John E. O Henryton.	'Neill.	м. в.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.

Manner of injury

-WRITE PLA

N. B.

18. BURIAL, CREMATION,

19. UNDERTAKER (Address

OR REMOVA

Maell Deputy OCA Registrar.

Date

24. Was disease or injury In any wey related to occupation of deceased? $\,N\,$ If so, specify

(Signed) Y Engandous

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis . OEC 4 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		e		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back of

1. PLACE OF DEATH County Carroll		Registration Dist. No. 74		
Village or City_Sykesvill Length of residence in city or town where d		No.S pringfield State Hospital War (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 23ds. How long in U.S. if of foreign birth? yrs. mos. d		
2. FULL NAME John Smit	h			
	ent, Md.	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor WIDOWED			
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Abi-Smith 6. DATE OF BIRTH (month, day, and year) Apr. 1, 1869		22. HEREBY CERTIFY, That I attended deceased fro 9/23/33 , 19 , to 11/1/35 , 19		
7. AGE Years Months 6.7 7	Days If LESS th 1 day,	to have occurred on the date stated above, at 8.30 p.m.		
Industry or business in which	Tarmer 11. Total time (years) 1933 spent in this Lif			
12. BIRTHPLACE (city or town) Penna (State or country)		Other Contributory Causes of importance: Arteriosclerosis Prio 8/19/3		
13. NAME John Smith 14. BIRTHPLACE (city or town) Germ (State or country)	any	Name of operation None Date of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Sarah Abi-Smith 16. BIRTHPLACE (city or town) Germany (State or country) 17. INFORMANT Springfield State Hospital (Address) Sykesville, Md.		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
18 BURIAL, CREMATION, OR REMOVAL	91	Manner of Injury		
19. UNDERTAKER ASU SERVICES (Address) Segrent 20. FILED NOV V , 19.35 C	the med.	24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Chas. A. M.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1./ S.S. Ho

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ال المستومر	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis A 1900	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
WINEVI A.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(23)
County Carroll		Registration Dist. No. 44
Village or City Freedom, -	n (If	death, occurred in a hospital or institution, give its NAME instead of street and number)
D 3 T		yisyisys
(a) Residence: No.	eedom, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Male White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	21. DATE OF DEATH November, 16, 1935. (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of late, Mary El	len Stem	22. I HEREBY CERTIFY, That I attended deceased from DER 2 1934, to Not 15 1935
6. DATE OF BIRTH (month, day, and year) 188	0-2-17	I last saw h is alive on Nor 15 4 , 1935; death is said
7. AGE Years Months 55 8	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, e3.3.2a.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, F. SAWYER, BOOKKEEPER, etc	armer 11. Total time (years) spent In this occupation	Date of onset CuberCulosio Lungo 1933 Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Carrol (State or country) Maryl	l Co.	
# 13. NAME Joseph T.St	em	
HE 13. NAME Joseph T.St 14. BIRTHPLACE (city or town) Carr (State or country) Ma	oll Co. ryland	Name of operation Data of Was there an autopsy?
置 15. MAIDEN NAME Charlott	e Wilt,	23. If death was due to externel ceuses (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Charlott 16. BIRTHPLACE (city or town) Garro (State or country) Mary	ll Co.	Accident, suicide, or homicide?
17. INFORMANT Mrs. Geo. W. De (Address) Sykesvill	Vries, e.Md.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bethel Cemty.	Dete Nov. 18. 1935.	Manner of injury
19. UNDERTAKER 6.7M	Malt.	Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? 200 If so, specify
20. FILED Nov. 17, 19 35 GH.	auf Yrus Registrar.	(Signed) & le Chiebs M. D. (Address) Lew Winceson Mid.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	APPENDED.	Example II	
leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
DEC 1 TO	1915	Attack of epilepsy	1 week ago
is DLO 4 ABB	1921	Run over by street car	1 week ago
BUDEVAL V E	July 5,1927	Peritonitis	3 days ago
es of importance:	14 4 4000	Other contributory causes of importance:	
	May 1,1923	Gastroenterius	1 year
	BEC 4 1	DEC 4 1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis es of importance: Other contributory causes of importance:

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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pluods OF D very important.

TION is CAUSE mation

19. UNDERTAKER

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Carroll Registration Dist. No. Village or City Sykesville No. Springfield State Hospistal
(If death_occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred____ How long in U.S. if of foreign birth?_____vrs.____mos.__ 2. FULL NAME Arthur Ridgley Stevens Veteran World War (a) Residence: No. 2409 Elsinor Avenue, Baltimore, wharyland. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) November Male White 5a. if married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased from Single (or) WIFE of November to November im alive on November 20, 1935; death is said 6. DATE OF BIRTH (month, day, and yeer) May 7. AGE If LESS than 1 dey.____hrs The PRINCIPAL CAUSE OF DEATH end rejeted causes of importance Date of onset 8. Trade, profession, or particular kind of work done, es SPINNER, Auto SAWYER, BOOKKEEPER, etc., Andustry or business in which DUSTITESS work wes done, es SILK MILL, Automobile SAW MILL, BANK, etc 10. Date deceased last worked at 11. Totel time (yeers) this occupetion (month and spent in this Unknown 12. BIRTHPLACE (city or town). (Stete or country) 13. NAMRobert 14. BIRTHPLACE (city or town) Neme of operation__ (State or country) What test confirmed diegnosis? Post Agnes Johnson 23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: (State or country) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Sykesvi

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

24. Was disease or injury in eny wey releted to occupation of deceased?

(eed, acting Couner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DE	1915	Attack of epilepsy	1 wcek ago
Comback honormhass	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

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certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

:	L. PLACE OF	DEA	тн			(93-9)	
	County					Registration Dist. No.	
	Village or Ci	ty SJ	kesvill	e Md.		No. Springfield State Hospital w	ard
			ity or town where d			death occurred in a hospital or institution, give its NAME instead of street and number) 10 ds. How long in U.S. If of foreign birth?yrs	_ds.
	2. FULL NAM	WE E	Betty Sw	anner			
			319 Lone		ne	St Ward.	
	(a) Resident	. NO. 5	/47_11744	(Usual place		If nonresident give city or town and State	
	PERSON	AL AN	ID STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Female		or or race	OR DIVORC	RRIED, WIDOWED, ED (write the word) Orced	21. DATE OF DEATH November 5 (Day) (Year) (Month) (Day) (Year)	
	. If married, widowe	ed, or div	orced			(Month) (Day) (Year)	-
_	HUSBAND of (or) WIFE of		Henry	Saunde	ers	22. I HEREBY CERTIFY, That I attended deceased to Sept. 1st 19 35 to November 5th, 19	
6.	DATE OF BIRTH (month, da	v. and vear) Fe	bruarv	23.1898	llast saw h.er alive on November 5th, 19.35; death is	
_	AGE Year		Months	Days	If LESS than	to have occurred on the date stated above, at 1.50 m. M.	
	3	7	8	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
OCCUPATION	9. Industry or b work was SAW MILI	ork done, BOOKKE ousiness i done, as L, BANK,	as SPINNER, EPER, etc n which SILK MILL, etc	Unknox		Acute cardiac Dilitation III- Myocardiac Cursperification III-	5
00	10. Date decease this occup year)	ation (mo	rked et nth and	\$P	tima (years) ent In this cupation	Other Contributory Causes of importance:	er
	. BIRTHPLACE (city	try)	Ma	ryland		The sente dilatation of the heart occurred on November 5th, 1935.	
HE	13. NAME	Wi	liam F.	Swanne	er		
FATHER	14. BIRTHPLACE (State or		Sou	nknown th Care	olina	Name of operation	
1ER	15. MAIDEN NAM	ME	Elle	n Knigh	nt	23. If death was due to external causes (VIOL ENCE) fill In also the following:	10
MOTHER	(State or	country)		t. Cour Marylar		Accident, suicide, or homicide?, 19	
_	(Address)		- Syke	sviile	Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATI	poc.	REMOVAL WILL.	Date Man	r. 8 ,1935	Manner of injury	
19	. UNDERTAKER (Address)	y is a	tell E.	thung.	ducy	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20	FILE PLOY.	6,	1935 GA	any)	Keev Registrar.	(Signed) M. Uriginia Beyer (Address) Systemalle Md-	M. D

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	P. D.	Other contributory causes of importance:		
Gallstones &	May 1,1928	Gastroenteritis	1 year	
· ·				

ADDITIONAL SPACE FOR PURTHER STATEMENTS BY PHYSICIAN

Case	e of	Dement:	ia	Preacox	with	agit	tati	on and	extreme	state	of	exhaustion
due	to	refusal	of	food-	result	ing	in	sudden	circula	tory f	ail	ure.

Autopsy refused

Exact statement of OCCUPA-

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1.	STATE OF MARYLAND—(1291
	County Carroll.	Registration Dist. No. 7.5
	Village or City Mullers. (R8)	NoSt.,W
	Length of residence in city or town where_death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
	0 11. 71	in a A.
2.	FULL NAME CHARLE That IN	weeke .
	(a) Residence: No. ///// (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
305	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 18 5 (Year (Month) (Day) (Year
5a.	If married, widowed, or divorced	(Month) (Day) (Year
	(or) WIFE of tank M. Thank	22. On I HEREBY CERTIFY, That I attended deceased
	T 1 - 0.00 1990	July - 5- ,1935, 10 Nov. 16 ,193
6. D	DATE OF BIRTH (month, dey, and year)	I last saw h Lat. alive on Mort. 16 - 1935; death is
/. A	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4,30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	S Toda contagion or accilimate	were as follows: Date of o
NO	8. Trade, profession, or particular kind of work done, as SPINNER, Accessed by SAWYER, BODKKEEPER, etc.	
CCUPATION	9. Industry or business in which	erina temmage.
S	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
8	10. Date decessed last worked at this occupation (month and abril 1930 spent in this year)	
12.	BIRTHPLACE (city or town) Balto Co	Other Contributory Causes of Importance:
~	(State or country)	Cellero Scherono
FATHER	13. NAME Jolob 3: Williams	
-AT	14. BIRTHPLACE (city or town) Dace Cuar.	Name of operation
-	(State or country)	What test confirmed diagnosis? Was there an eutopsy?
HER	15. MAIDEN NAME Wella Walker	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) Sallo 6-	Accident, sulcide, or homicide? Date of injury, 19
	(State or country)	Where did injury occur? (Specify city or town, county and State)
	INFORMANT (Address) Stewart (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	Land Country 1908 3	Manner of injury
	Date - United - 1939	Neture of injury
19.	UNDERTAKER Paul Mytarteuslass	24. Was disease or injury in any way related to occupation of deceased?
-		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II	
The principal cause of dear of importance were as follo Arteriosclerosis	th and related causes ws: DEC 5 1985	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	BURGAU V	5, 1921	Run over by street car	1 week ago
Cerebral hemorrhage	Description	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenleritis	1 year
		·		

ADDITIONAL SPACE FOR FURTHER STA	TATEMENTS BY P	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			82-0		a 1
County Carroll				Registration Dist. No.	74
Village or City Sykesville Length of residence in city or town where) vrs 9 mas	No Springfield death occurred in a hospital or institution South How long in U.S. if of for	give its NAME instead of street a	Mard number)
(a) Residence: No. Crellin,	Garret		, Marylande.		
PERSONAL AND STATIST	(Usual place		L MEDICAL CER	If nonresident give city or town	
PERSONAL AND STATIST 3. SEX				RTIFICATE OF DEATH	1
Male 4. COLOR OR RACE White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 1	2, 1935 (Month) (Dey)	, 193(Yeer)
5a. If married, widowed, or divorced HUSBAND of Hattie Barr (or) WIFE of Hattie	nes		22. I HEREBY (Feb. 16, 1933, 19	CERTIFY, Thet latten	ded deceased from
6. DATE OF BIRTH (month, dey, and year)	eb. 10,	1875	I lest sew h. im alive on No	v. 11,	35 death Is said
7. AGE Years Months	Days 2	If LESS then 1 dey,hrs.	to heve occurred on the dete steted e The PRINCIPAL CAUSE OF DEATH a were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arming	7 VI Mills	Apoplexy		11/12/
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	arming			***************************************	
10. Date deceased last worked et this occupation (month and 1932)	11. Total t	ime (yeers) nt in this upetion Life			
12. BIRTHPLACE (city or town) Unknown (Stete or country) Maryland			Other Contributory Causes of imported		Prior
					to
	200		32		2/16/33
(Stete of country) Pentisy.	Lvania		Whet test confirmed Gagnos Exam	ination & late	find-
15. MAIDEN NAME Elizabeth			23. If deeth wes due to externel causes	0	ving:
15. MAIDEN NAME Elizabeth Unknow 16. BIRTHPLACE (city or town) (Stete or country) Mary Is	WII		Accident, suicide, or homicide?	Dete of injury	, 19
(Stete or country) Mary 18 17. INFORMAN Springfield (State of Country) (Address) Bykesville (Right)	tate Hos	spital	Where did injury occur? Specify whether injury occurred in IN	(Specify city or town, county and IDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURTAL, CREMATION, OR BEMOVAL		114 ,1935	Menner of injury		
19. UNDERTAKER Mer of (Address) Systematic	u du	d	24. Wes diseese or injury in eny way i	releted to occupetion of deceesed?	No.
20. FILED 24 1/2, 1935 CS	Yarry.	Registrar.	(Signed) Change of	Xchund	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESE

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	Maryl	and Tube	rculosis Sanatorium	
County Carroll		Color	red Branch (23) Registration Dist. No. 74	
Village or City Henryton	, Maryla		No. (above) st.,	Ward
Length of residence in city or town where o	leath occurred		death occurred in a hospital or institution, give its NAME instead of street and number) 1 ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME Robert H			If U.S. Veteran specify WAR None	
(a) Residence: No. Spring	(Usual place o	f abode)	If nonresident give city or town and State	
PERSONAL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Color or RACE	5. SINGLE, MARK OR DIVORCED Singl	(write the word)	21. DATE OF DEATH November 26, 1935 ₉₃ (Month) (Day) (Yai	ar)
5a. If married, widowed, or divorced HUSBAND of		The section of	22. I HEREBY CERTIFY. That i attended deceased	d from
(or) WIFE of			Nov. 15, 1935 19 to Nov. 26, 193	
6. DATE OF BIRTH (month, day, and year)	ug., 25	, 1905		is said
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8 . O.O.mP . M .	
30 3	1	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
Vada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Auto M	echanic	Pulmonary Tuberculosis	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and TYX)	45.04.04	<u> </u>	Ju	7 32
Work was done, as SILK MILL, SAW MILL, BANK, etc	Unknow		19	
	11. Total tie	ne (yaars) t in this Unkno pation Unkno		V-U-
		pation _SEALERS	Other Contributory Canses of Importanca:	
	ng Hill Land			
	v Walla	0.0		
	Tobacc		Nama of operation	
(Stata or country) Mary	land		What test confirmed diagnosis? Was there an autopsy?	No.
-	e Stewa		23. If death was dua to axtarnal causes (VIOLENCE) fill in also tha following:	
6 16. BIRTHPLACE (city or town) POT	Tobacc	0	Accident, suicide, or homicide?, Date of injury, 19.	
-1 (State of country) MARY	rland.		Where did injury occur? (Specify city or town, county and State)	
(Address) Henryton, Mc	ill, M.	D.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Wate Nov	17 25	Manner of injury	
Placa A CA A CA	Date / L	271935	Natura of injury	
19. UNDERTAKER Jugal (Address)	dos	Jones	24. Was disease or injury in any way related to occupation of deceased? NO	
20. FILED 11/26/3519 Depu	ty Laca	Meker Registrar.	(Signed) (Aparess) Server Town N	M.D.
			2411 N. Charles Street, Ballimore, Requesting V. S. No. 7.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: (4 199)	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

Exact statement of OCCUPA-

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

MOLTAGIO

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12917
1. PLACE OF DEATH	(21)
county Darral Cacuty	Registration Dist. No. 78
Village of City	MoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ancie M. Wolfe	If U.S. Veteran specify WAR
(a) Residence: No. Paney town Mid	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
tende Thite 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 28 1935 (Month) (Vear)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Janus W. Work	22. I HEREBY CERTIFY That I attended deceased from
5. DATE OF BIRTH (month, day, end year) Lend 3- 1860	I last saw h. et / alive on NOV 28
AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 10, 45 k, M,
75 7 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Soptime Vor/18)
9. Industry or business in which	1970
work was done, as SILK MILL, SAW MILL, BANK, etc.	0 1
10. Date deceased last worked at this occupation (month and spant in this	
year) occupetion occupetion	Other Contributory Cands of importance:
12. BIRTHPLACE (city or town). / Althur	of yestymer cardio - 10%
(State or couplry)	Descular rever disease
13. NAME / lleany J. Ocher	Chr. Dumbeling White 12145
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis? (Was there an autopsy? What test confirmed diagnosis? (Was there an autopsy? What test confirmed diagnosis? (Was there an autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy? What test confirmed diagnosis? (Was there are autopsy.) (Was there are a Was the Was t
15. MAIDEN NAME CLUSTON	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State on country)	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Wordlawnen Date fee 1, 1935	Nature of injury
Baty Lynn	24. Wes disease or injury in any way related to occupation of deceased? To
19. UNDERTAKER (Address) / 6 96 24. Nobeth Reel	If so, specify
10 29 35 Mary 13. Will	(Signed) Homeon A. V. Harlin M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

ZZ Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of
various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-
ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be
returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife
in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages,
however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person
who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Atlack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	700007	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

_ M. D.	
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V. S. No. 1

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STATE OF MARYLAND-	CERTIFICATE OF DEATH 12918
1. PLACE OF DEATH	(20)
County Carrall County	Registration Dist. No.
Village or City Mean Uniontown Ma	No. St., Ward
Length of residence in city or town where death occurred 30 yrs	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Cora China	Pusht
(a) Residence: No. P.J.D. Union Bridge, 91/2	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR. OR RACE S. SINGLE. MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wassied	21. DATE OF DEATH 2 , 193 & (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 90, 00, 91	22. I HEREBY CERTIFY, Thet I ettended decessed from
William W. Wright	July 20 ,1935, to nov 2 ,1935
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than 1 dayhrs.	to heve occurred on the date stated above, atm.
38 5 76 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked et 11. Total time (years)	Stewarthaup Ceptie
9. Industry or business in which work wes done, as SILK MILL,	
SAW MILL, BANK, etc.	. abound (non-conserous) Certiff
10-Date deceased last worked et this occupation (month and year) coupetion coupetion coupetion	a multilocular overseard cyst.
) O as Q	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Country)	
7-50000	
14. BIRTHPLACE (city or town) Carrolf Co	Name of operation
15. MAIDEN NAME Coma Bulhart	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
	23. If death wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Wom Ev. Waight	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Union Bridge. And	
18. BURIAL, CREMATION, OR REMOVAL PAGE 1 Dete 1 T 1935	Manner of Injury
monder Mari-	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER CO. /VI. / acts.	
19. UNDERTAKER AC MI Matty (Address) Thurfield Much,	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	Mod 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	

- 12	()	0	-0	60
1	4	y	1	9

1. PLACE OF BEATH	01	(31)			
County Carro	ex.	**************************************	Registration Dis	t. No. 75	
Village or City hear M	ranchester	NoNo		St	Ward
	(1)	death occurred in a hospital or institution,			
Length of residence in city or town when	re death occurredmos	ds. How long in U.S. if of for	reign birth?	yrsmc	osds.
2. FULL NAME WILLIAM	in or year	yeing			
(a) Residence: No.	0 0	St., Ward.			
PERSONAL AND STATIS	(Usual place of abode)	MEDICAL CER		city or town and	State
3-SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH 1	TIFICATE		
h - 0 - 11/1	OR DIVORCED (write the word)	ZI. DATE OF BEATH	200	8th	193 5
nace wine	marked	(1	Month)	(Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of (Ar) WIEF of	11 . 11	22. I HEREBY C	ERTIFY.	That I attended	deceased from
Ellen	1. Jungling	afril 19	31 to 22	0084	1930
6. DATE OF BIRTH (month, day, and year)	18 18 18 18 184	I last saw h Lue elive on	nov (1935	_; death is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated ab	ove, at 5a.	m.	
1 81 40	2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH a were as follows:			
2. Trade, profession, or particular	->	were as ronows.	1-4		Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Tanner	Elionie En	terstile	el	
9. Industry or business in which	P. Tarad	neflerition			1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	, were				
Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this				
year) Cop Or A F-L	d occupation	Other Coutributory Causes of Importan	ice:		
12. BIRTHPLACE (city or town)			A	,	-
(State or country) Man	newa	arteriose	leroer	P	
13. NAME Name	Jungting	Highertons	ron		-
13. NAME 14. BIRTHPLACE (city or town)		Name of operation		Date of	
(State of country)	ryland,	What test confirmed diagnosis?		Was there an a	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	6 Shaffar	23. If death was due to external causes	(VIOLENCE) fill in	also the following	g:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date	of Injury	, 19
E (State or country)	reflowed	Where did injury occur?			
17. INFORMANT Mullan	2. O Grandling	Specify whether injury occurred in IN	(Specify city or tow DUSTRY, In HOME,	or in PUBLIC PL	ACE.
(Address) Westman	stat Mad				
18. BURIAL, CREMATION, OR REMOVAL	nd 11 10 ==	Manner of Injury			
Place Daugimons	MQ_Date / 1, 193, 193	Naturo of injury			
19. UNDERTAKER LOCOL Wa	upo Saul	24. Wes disease or injury In eny way r			
(Address) sacrach	ister mo	If so, specify	0		
20. FILED Nor. 9 , 1935 97 L	o. or. a. S. Denne	(Signed) W7	Les	ner	M, D
20. 11. 10. 10. 10. 10. 10. 10. 10. 10. 1	Registrar.	(Address) Wa	uches	ter n	ed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year